

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 2 4

2. STATE:

Georgia

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

July 1, 2001

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 441.56 - 441.62

7. FEDERAL BUDGET IMPACT:

a. FFY 01 \$ 1,338,436
b. FFY 02 \$ 5,353,744

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1-A
pp. 6b, 6b1, 6b2, ~~6b3, 6b4~~

~~Attachment 4.1-A~~

~~pp. 4-001, 5, 5-001~~

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

~~Attachment 4.1-A~~ ~~pp. 4-001, 5~~

Attachment 3.1-A pp. 6b, 6b1, 6b2, 6b3

10. SUBJECT OF AMENDMENT:

EPSDT - RELATED REHABILITATIVE SERVICES - COMMUNITY BASED

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ OTHER, AS SPECIFIED:

☒ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Mark Trail

14. TITLE:

Acting Director, DMA

15. DATE SUBMITTED:

September 26, 2001

16. RETURN TO:

Georgia Department of Community Health
Division of Medical Assistance
2 Peachtree Street, N.W.
Atlanta, GA 30303-3159

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

September 26, 2001

18. DATE APPROVED:

May 30, 2002

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

July 1, 2001

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

Eugene A. Grasser

22. TITLE: Associate Regional Administrator

Division of Medicaid and State Operations

23. REMARKS:

13d. EPSDT-Related Rehabilitative Services – Community Based

The covered rehabilitative services for the Children's Intervention Services program are audiology, nursing, occupational therapy, physical therapy, nutrition, counseling and speech-language pathology which include any medical or remedial services recommended by a physician or other licensed practitioner of the healing arts, within the scope of his/her practice under State law, and are provided by a licensed practitioner of the healing arts to EPSDT eligible recipients (ages 0-20) to promote the maximum reduction of physical disability or developmental delay and/or restoration of a recipient to his/her best possible functional level. These services may be provided in practitioners offices, community centers, and in the recipient's home.

The services are defined as follows:

- **Audiology Services**
Audiological testing; fitting and evaluation of hearing aids. Providers' qualifications are in accordance with 42 CFR 440.110.
- **Nursing Services**
Skilled intermittent nursing care to administer medications or treatments. The care provided is necessary for the maximum reduction of the beneficiaries' physical and/or mental disability and restoration to the best possible functional level. Skilled intermittent nursing care is provided by licensed nurses (registered or licensed practical nurses under the supervision of a registered nurse, licensed to practice in the state of Georgia).
- **Occupational Therapy Services**
Occupational therapy evaluation of gross and fine motor development and clinical services related to activities of daily living and adaptive equipment needs. Providers' qualifications are in accordance with 42 CFR 440.110.
- **Physical Therapy Services**
Physical therapy evaluation of neuromotor development and clinical services related to improvement of gait, balance and coordination skills. Providers' qualifications are in accordance with 42 CFR 440.110.
- **Counseling Services**
Evaluation to determine the nature of barriers (social, mental, cognitive, emotional, behavioral problems, etc.) to effective treatment, that impacts the child's medical condition, physical disability and/or developmental delay and the child's family. The provision of counseling and intervention services to resolve those barriers relating to effective treatment of the child's medical condition and which threaten the health status of the child. Services are provided by Licensed Clinical Social Workers in accordance with standards of applicable state licensure and certification requirements, must hold a current license, and adhere to the scope of practice as defined by the applicable licensure board.

TN No. 01-024

Supersedes

Approval Date

MAY 30 2002

Effective Date

JUL 01 2001TN No. 93-025

13d. EPSDT Related Rehabilitative Services – Community Based (continued)

- **Speech-Language Pathology Services**
Speech-language evaluation of auditory processing, expressive and receptive language and language therapy. Providers' qualifications are in accordance with 42 CFR 440.110, and adhere to the scope of practice as defined by the applicable state licensure board.
- **Nutrition Services**
Nutritional assessment, management and counseling to children on special diets due to genetic metabolic or deficiency disorders or other complicated medical problems. Nutritional evaluation and monitoring of their nutritional and dietary status, history and any teaching related to the child's dietary regimen (including the child's feeding behavior, food habits and in meal preparation), biomedical and clinical variables and anthropometric measurements). Development of a written plan to address the feeding deficiencies of the child that is incorporated into the child's treatment program. Providers' qualifications must meet the applicable State licensure and certification requirements, hold a current state license, and adhere to the scope of practice as defined by the applicable licensure board.

Limitations

The covered services are available only to the EPSDT eligible recipients (ages 0-20) with a written service plan (an IEP/IFSP) which contains medically necessary services recommended by a physician or other licensed practitioner of the healing arts, within the scope of his/her practice under State law.

Provider enrollment is open only to individual practitioners, who are licensed in Georgia under their respective licensing board such as a licensed audiologist, registered nurse, occupational therapist, physical therapist, licensed clinical social worker, licensed counselor, licensed dietitian or speech language pathologist. For annual re-enrollment beginning July 1, 1996, all providers must obtain a minimum of one (1) continuing education credit annually in pediatrics in their area of professional practice. Where applicable, providers will be in compliance with federal requirements defined in 42 CFR 440.110.

Prior Approval

Services which exceed the limitations as listed in the policies and procedures manual must be approved prior to service delivery.

TN No. 01-024

Supersedes

Approval Date

MAY 30 2002

Effective Date

JUL 01 2001

TN No. 00-002

13d. **EPSDT related Rehabilitative Services – Community-Based** (continued)

The following services are not provided through the EPSDT-Related Rehabilitative Services – Community Based program:

1. Habilitative services that assist in acquiring, retaining and improving the self-help, socialization, and adaptive skills of the child.
2. Services provided to children who do not have a written service plan.
3. Services provided in excess of those indicated in the written service plan.
4. Services provided to a child who has been admitted to a hospital or other institutional setting as an inpatient.
5. Service of an experimental or research nature.
6. Services in excess of those deemed medically necessary by the Department, its agents or the federal government, or for services not directly related to the child's diagnosis, symptoms or medical history.
7. Failed appointments or attempts to provide a home visit when the child is not at home.
8. Services normally provided free of charge to all patients.
9. Services provided by individuals other than the enrolled licensed practitioner of the healing arts.
10. Services provided for temporary disabilities that would reasonably be expected to improve spontaneously as the patient gradually resumes normal activities.
11. Audiology services that are a part of the HealthCheck (formerly EPSDT) Services.
12. Billing for more than one travel fee per location when more than one patient is treated.

TN No. 01-024

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